

Please type a plus sign (+) inside this box

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.: CM06968K  
 First Inventor: TRAVIS R. COLEMAN  
 Title: KEYPAD ASSEMBLY  
 Express Mail Label No.: EL 962737268 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, D.C. 20231

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [ Total Pages <input type="text" value="12"/> ] (preferred arrangement set forth below)          -Descriptive title of the invention          -Cross Reference to Related Applications          -Statement Regarding Fed sponsored R&amp;D          -Reference to sequence listing, a table,          or a computer program listing appendix          -Background of the Invention          -Brief Summary of the Invention          -Brief Description of the Drawings (if filed)          -Detailed Description          -Claim(s)          -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <input type="text" value="4"/> ]</p> <p>5. Oath or Declaration [ Total Pages <input type="text" value="4"/> ]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:          i. <input type="checkbox"/> CD-ROM or CD-R (2 copies);          ii. <input type="checkbox"/> or paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
<p align="center"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other: _____</p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of Prior Appl. No. <input type="text"/></p> <p>Prior Appl. information: Examiner: <input type="text"/> Group/Art Unit: <input type="text"/></p>	

## 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>*24273*</b>		<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	U.S.A.	Telephone (954) 723-6449	Fax (954) 723-5599
Name	Barbara R. Doutre	Registration Number (Attorney/Agent)	39,505
SIGNATURE	Date		3/15/04

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 828.00)

Application No.

Filing Date

First Named Inventor

TRAVIS R. COLEMAN

Examiner Name

Group Art Unit

Attorney Docket No.

CM06968K

Complete if Known

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit Account Number

50-2117

Deposit Account Name

Motorola, Inc.

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayment☒ Charge any additional fee(s) during the pendency of this application, except for issue fee☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
1001	770	2001	370	Utility filing fee	770
1006	770	2006	370	Utility filing fee CPA	
1002	330	2002	165	Design filing fee	
1007	330	2007	165	Design filing fee CPA	
1003	510	2003	255	Plant filing fee	
1004	750	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 770)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	21	-20* = 1	18
Independent			
Claims	3	-3* =	0
Multiple Dependent		280	

Large Entity		Small Entity		Fee Description
Fee Code	Fee \$	Fee Code	Fee \$	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				

(\$ 18)

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late Provisional filing	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte Reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within 1st month	
1252	420	2252	200	Extension for reply within 2nd month	
1253	930	2253	460	Extension for reply within 3rd month	
1254	1450	2254	720	Extension for reply within 4th month	
1255	1970	2255	980	Extension for reply within 5th month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1504		1504		Publication fee for early, voluntary, or normal publication	
1403	280	2403	140	Request for oral hearing	
1505	300	1505	300	Publication fee for republication	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1300	2453	640	Petition to revive - unintentional	
1501	1300	2501	640	Utility issue fee (or reissue)	
1502	470	2502	230	Design issue fee	
1503	630	2503	310	Plant issue fee	
1460	130	1460	50	Petitions to the Commissioner	
1808	130	1808	130	Processing fee CFR 1.17(i)	
1807	50	1807	50	Processing fee for provisional appls.	
1806	180	1806	180	Submission of IDS	
8021	40	8021	40	Recording each patent assignment per property (times # of properties)	40
1809	750	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	370	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1814	110	2814	55	Statutory Disclaimer	

Other fee (specify)

\*Reduced by Basic Filing Fee Pd

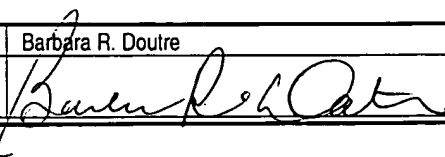
SUBTOTAL (3) \$ 40

## SUBMITTED BY

Name (Print)

Barbara R. Dautre

Signature



## Complete (if applicable)

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39.505

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(954) 723-6449

Date

3/15/04